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AUTHOR Mendelson, Michael David
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ABSTRACT

The study investigated the validity of the process of reevaluating a child's need for continued special education services especially the biasing effects of the teacher's referral statement on the decision of the multidisciplinary team. Psychoeducational profiles describing two children were distributed to 108 multidisciplinary teams in New York City. Team members (first individually and then in groups) were asked to read the case summaries and select an appropriate placement from six program alternatives. Each case was prefaced by a referral statement indicating whether the teacher supported a change of placement into a least restrictive environment. Previous review of each case by a panel of experts had determined that neither child met the state's criteria for identification of the handicapped. Results indicated that the teams' placement recommendations, like those by the individual members, were substantially biased by the teacher's opinion. Each team's placement decision was also significantly influenced by the opinion of the psychologist in the group. Although the teams tended to move children from the special class into the least restrictive alternative slightly more often than did individuals, differences between the group and the individual decision making process were not significant. Five appendices and a 69-item reference list is included. (Author/DB)

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ABSTRACT

MAINTAINING CHILDREN IN THE LEAST RESTRICTIVE ENVIRONMENT: BIAS IN THE DECISION MAKING PROCESS OF SPECIAL EDUCATION PLACEMENT TEAMS

Michael David Mendelson

This research investigated the process of reevaluating a child's need for continued special education services. It explored the biasing effect that the teacher's referral statement may have on the decision of the multidisciplinary team.

One-page psychoeducational profiles describing two children were distributed to 108 multidisciplinary placement teams in New York City. The team members were asked to read each of the two case summaries and to select the appropriate placement from six program alternatives which currently exist in the public schools. After working independently, the individuals were asked to conduct the same exercise as a group. Each case was prefaced by a referral statement indicating whether or not the teacher supported a change of placement into an LRE. Each case had been reviewed previously by a panel of experts who agreed that neither child met New York State's criteria for identification as handicapped. This allowed for a comparison of the correctness of recommendations made by the individuals and by the teams.

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The results revealed that the teams' placement recommendations, like those by the individual members, were substantially biased by the teacher's opinion. Less restrictive placements were issued when the teacher was in support of the change than when the teacher was not. No differences in placement recommendations were found between the three professional groups. The data indicated that each team's placement decision was significantly influenced by the opinion of the psychologist in the group.

The statistical analyses used to determine whether the group decision making process was superior to the individual decision making process did not reveal significant results. Frequency distributions indicated that the team moved the children from the special class to an LRE more frequently than did the individual team members. The results of the frequency distributions only tentatively suggested that team decision making was more effective than individual decision making. The failure to find significant differences between individual and team decisions suggested a need for training in group decision making.

MAINTAINING CHILDREN IN THE LEAST RESTRICTIVE ENVIRONMENT: BIAS IN THE DECISION MAKING PROCESS OF SPECIAL EDUCATION PLACEMENT TEAMS

by

MICHAEL DAVID MENDELSON

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Chapter I

INTRODUCTION

Over the past five years there has been a proliferation of children identified as being in need of special education in New York City. Most of these children have been diagnosed as having a mild or moderate handicapping condition and are receiving service in resource rooms or self-contained special classes. Despite the individualized attention given in these programs, very few of the students have been decertified or moved into less restrictive environments.

In 1985 the Mayor's Commission on Special Education (1985) issued a report concerning the status of special education programs within the New York City public schools. The report documented that New York special education contrasts sharply with programs in other large American cities. The report cited a very important factor contributing to this difference as a lack of opportunity for mainstreaming in the self-contained classrooms in which a majority of New York's special education students are educated.

The report also criticized the process by which New York City children are identified as handicapped. With particular reference to the learning disabled (LD) population, the city's largest group of handicapped children, the Mayor's Commission

found that many did not meet the criteria to be classified as handicapped and were therefore erroneously classified.

In New York City it is the responsibility of the Committees on the Handicapped (COHs) and the School Based Support Teams (SBSTs) to perform the diagnostic evaluations necessary to determine a student's eligibility for special education. It is also these organizations' function to review periodically the needs of the handicapped children in the city to ensure continued placement in the least restrictive environment (LRE). During the 1984-85 school year the COHs/SBSTs found that only three percent of the more than 116,000 handicapped students on special education roles were eligible for placement into less restrictive environments. The report of the Mayor's Commission on Special Education (1985) suggests that the city actively explore the reasons for this low rate of movement into less restrictive environments.

There is a paucity of information concerning the nature of the decision making process that occurs when multidisciplinary teams evaluate a handicapped student's continued need for special education. The intake evaluation literature relating to children's need for initial placement suggests that the teacher's opinion stated in the referral may bias the members of the decision making team. Gottlieb (1985) criticized COHs/SBSTs for disregarding the results of the individual evaluations in favor of the recommendations made by the teacher. Gottlieb observed

that perhaps the most important decision that a teacher makes is whether or not to refer a child for special education.

The present study explored the decision making process involved in determining a child's need for continued special education. In particular, the study focused on the extent to which the special education teacher's opinion may bias the members of the COHs/SBSTs who decide whether children need placement into a less restrictive environment (LRE). Examination of the placement process is essential for administrators who plan policies and procedures aimed at ensuring that all handicapped students will be afforded the opportunity of being educated in the LRE.

Background

Unlike many of the other major cities in this nation, New York City continues to experience a large growth in numbers of children identified as handicapped. While New York City has reported a 6.9 percent increase in its special education population over the last five years, most other cities show negligible change for the same period (Mayor's Commission on Special Education, 1985). There are currently more than 116,300 handicapped children (nearly 12.5 percent of the total school aged population) in New York City whose special education needs are being met by classes sponsored by the Board of Education, private educational facilities, and voluntary agencies. The model that the Board of Education has developed is similar in design to the one suggested by Deno (1970). According to the

Board's model, the available services range from the supportive services rendered to the regular classroom teacher (transitional supportive services) at one end of the spectrum, to home and hospital instruction at the other end.

It has been disclosed, however, that approximately 70 percent of the handicapped student population is educated in self-contained special classes (Mayor's Commission on Special Education, 1985). This percentage is significantly higher than the proportion reported nationally. The Sixth Annual Report to the Congress (U.S. Office of Education and Rehabilitation Services, 1984) stated that of the 93 percent of the children receiving special services in regular schools, two-thirds receive a substantial portion of their education in regular classes.

The identification process established by the New York City Board of Education requires that both the SBST and COH review the child in a multidisciplinary assessment prior to placement into special education. A review of the active registers of children receiving special education services in New York City as of June 1984 revealed that more than 75 percent have been found by the COH to have a mild or moderate handicapping condition [they are classified as learning disabled (LD), mildly emotionally disturbed (ED), mildly mentally retarded (MR), and speech impaired] (Mayor's Commission on Special Education, 1985).

Despite the elaborate evaluation process, many children who fall into the categories listed above have been viewed in New York City and throughout the nation's school systems as erroneously placed (Algozzine & Ysseldyke, 1981; Gottlieb, 1985).

After a year long investigation into the special education programs in New York City, the Mayor's Commission on Special Education (1985) found that, as in other parts of the nation, children with severe handicaps made up a small percentage of the handicapped population and certainly belonged in special education. There was, however, decidedly less consensus concerning the placement into special education programs of those children characterized as learning disabled. The Mayor's Commission noted that many students who appear to be impaired may not be handicapped, but impaired from lack of alternatives in regular education. Gottlieb (1985) observed that, "Relatively few attempts are made to retain these youngsters in the regular grades. Changing the regular classroom teacher, modifying the curriculum for the youngster, imposing a behavior modification system, or bringing an aide into the room, were rarely reported," (p. 33). The report of the Mayor's Commission confirmed the opinions of others (Leiberman, 1982) that teachers view special education services as a way to correct the problems of the regular classes.

The Mayor's Commission on Special Education (1985) also reported that there has been little movement of children into less restrictive settings after their initial entrance into special education. In other words, the syndrome of "institutionalism" seems to take hold quickly (Grosenick, 1975; Wing, 1963). Once classified and placed in special education it appears unlikely that the child's placement or classification

will change during his school career. In the 1983-1984 school year for example, only two percent of the children in special education were decertified and placed back into the regular classes. During the same period of time, three percent of the handicapped children were moved to less restrictive placements while 3.5 percent were moved to more restrictive settings.

The full reintegration of only a few children into the mainstream after being labelled handicapped does not appear to be endemic to the New York City system. Wilton, Glynn, Wotherspoon, and McGinley (1983) have found that a similar situation exists in New Zealand. They reported that of 371 children attending special facilities for six categories of handicapping conditions, only three children were returned to the regular grades.

Although the federal government does not collect statistics on the number of children decertified annually in each state, the Sixth Annual Report to Congress (U.S. Office of Special Education and Rehabilitation Services, 1984) suggests that the number is negligible. According to the Annual Report, the decrease in the number of handicapped children served within the United States can be attributed to two factors: the general decrease in school age population and the implementation of more accurate and consistent techniques used to identify those who are "truly" handicapped (Gerber, 1984).

It does not appear that the decertification process is effectively influencing the number of children being maintained on special education registers. Chalfant (1984) reviewed guidelines from 50 state educational agencies, the District of

Columbia, and 52 local educational agencies regarding the identification of special education students. He found that little attention was being given to the establishment of criteria to be used by decision making teams to determine the readiness of a child to exit from special classes or to be placed into a less restrictive setting.

Gallagher (1972) and Adamson and Van Etten (1972) proposed service models in which children in special education classes remain placed for only a brief period of time before returning to the mainstream. In contrast, in the New York City model chance mitigates against handicapped students' moving to less restrictive placements or being decertified. According to Gerber (1984), the school environments that children experience after being identified and classified, "are often drastically changed without unequivocal demonstration that such changes benefit them over the course of their public education or produce desirable long-term life outcomes," (p. 222). Grosenick (1975) notes that for handicapped children to return to the regular classes and to function effectively there, integration must occur as soon as is legitimately possible.

It becomes critical, therefore, for school officials in New York City to ensure a greater amount of upward movement (i.e., to less restrictive environments) than currently exists. This is especially true when in light of the following factors: most children are identified as handicapped prior to grade six (Mayor's Commission on Special Education, 1985); many students

identified as mildly or moderately handicapped are so labelled even though they fail to meet the criteria for such classifications (Algozzine & Ysseldyke, 1981; Gottlieb, 1985; Justice, 1981; Shepard & Smith, 1981; Ysseldyke, Algozzine, Shinn, & McGue, 1982); and after students are placed into special classes they tend to remain there for their entire school career (Mayor's Commission on Special Education, 1985; Grosenick, 1975; Wing, 1963).

The developers of the Education for all Handicapped Children Act, P.L. 94-142 (P.L. 94-142, 1975), foresaw the possibility that children might be forgotten by regular education administrators after placement into special classes. To safeguard these children against the possibility of never being returned to a more normal educational setting, the writers included provisions requiring that school officials annually review the needs of each handicapped child. Further, each child is required to undergo a complete reevaluation every three years (Triennial Review). As a consequence of this process, a determination must be made by a multidisciplinary team as to the appropriateness of the child's current academic setting.

In order to maintain children in the LRE, multidisciplinary assessment team members must be able to render an objective opinion on the appropriateness of various placements. In accordance with the consent decree reached by the parties in Lora et al. v. Board of Education of the City of New York (1978), New York City SBSTs are required to indicate the reasons for rejecting less restrictive placements when developing the IEP for

a particular individual. Despite this, relatively few children in New York City have been moved into less restrictive environments.

The functioning of multidisciplinary placement teams has been studied elsewhere (Algozzine & Ysseldyke, 1981; McMahon, 1986; Pfieffer & Naglieri, 1983; Ysseldyke, 1983; Ysseldyke, Algozzine, Richey, & Graden, 1982). The results of these investigations have demonstrated that when deliberating over appropriateness of initial placement into special education, planning team members may be influenced by the classroom teacher's perception of the child's need for special services. Other factors which have been found to be controlling include the child's appearance, race, and family socioeconomic status. Most recently, it has been found that a child's current placement in special education may also be an intervening factor (McMahon, 1986).

Purpose

The purpose of this study was to examine the effectiveness of multidisciplinary planning teams in reviewing the appropriateness of a child's continued placement in special education. In particular, this project was designed to determine the extent to which the special education teacher's opinion of the child's need for continued placement in a self-contained class can bias the members of a decision making team in their deliberation. The results of the investigation were examined in

relation to the recommendations made by the review team members individually and in relation to those rendered by the team as a whole.

Chapter II

REVIEW OF THE LITERATURE

This study examined information that was thought to influence the decisions of the multidisciplinary assessment teams determining the appropriateness of continued special education placements for handicapped children. To accomplish this goal six areas of related literature were first reviewed: an overview of the evaluation and placement process, the mandatory annual review and triennial evaluation, characteristics of the referring teacher and referred child, factors which can interact with the decision to refer a child, the power of the written referral, and the functioning of the decision making team. Each of these areas is considered below.

An Overview of the Certification and Placement Process

New York State Education Law (Regulations of the Commissioner of Education, 1984) states that a child suspected of having a handicapping condition may be referred for an evaluation by a professional in the child's school (e.g., a teacher), the child's parent, an official of the judicial system, or a physician. Of these groups, it has been found that teachers have been the predominant source of referral (Mayor's Commission on Special Education, 1985; Tymitz, 1984), and, in the case of New

York City, that referrals usually were made while the child was in the elementary grades (Gottlieb, 1985).

Under Federal and State regulation (Federal Register, 1977; Regulations of the Commissioner of Education, 1984) each child referred must be given an individualized evaluation consisting of psychological and educational evaluations, social history, physical, and other suitable examinations if necessary. The procedures in New York State for the evaluation and placement of handicapped individuals were developed in response to the requirements of Public Law 94-142, The Education of Handicapped Children Act (P.L. 94-142, 1975). Essentially, this law put an end to the question of whether a handicapped individual was entitled to receive a free and appropriate education. It required that all states develop evaluation procedures which would safeguard children from being misclassified. It also mandated that states institute rigorous due process procedures to protect the rights of all handicapped children to receive a free and an appropriate education in the least restrictive environment (LRE).

In New York State students are referred to the COH which then becomes responsible for arranging a suitable evaluation by a multidisciplinary assessment team. The COH has 30 days from the time of the referral to complete the evaluation and confer with the child's parents to determine whether a handicapping condition exists. In New York City, if the COH fails to conduct the necessary evaluation within the mandated time, the parent becomes

eligible to have the evaluation conducted privately at the expense of the Board (José P. et al. v. Board of Education of the City of New York, 1983).

If the evaluation process determines that the child requires special education, services must be offered within 30 days after conference. Should the Board fail to accomplish this, the parent can secure the recommended services privately and have them paid for by the Board (José P., United Cerebral Palsy v. Board of Education, 1983). As noted by the Mayor's Commission on Special Education (1985) the time frame for evaluation and placement of a child suspected of being handicapped in New York is shorter than that of some other states. Long waiting lists for evaluation and time constraints require that the multidisciplinary assessment teams (SBSTs) assigned to the public schools in New York City spend most of their time administering tests rather than acting as a resource to teachers in the school (Mayor's Commission on Special Education, 1985).

After the referral is received by the COH the parent must be informed that a request for evaluation was made. The parent must then be asked for consent to conduct the required evaluation. Regardless of the appropriateness of the referral, the COH must proceed with the evaluation process by attempting to secure the consent of the child's parent to begin the evaluation process. If consent is refused, the referral source may ask the Board of Education to appoint an impartial hearing officer to rule on the need for the evaluation. The decision of the hearing officer

becomes binding for both parties unless it is appealed to the Commissioner of Education.

Although all states have developed various mechanisms to comply with the requirements of P.L. 94-142, questions have been raised as to the effectiveness of the law (Algozzine & Korinek, 1985; Gerber, 1984; Tymitz, 1984). The U.S. Office of Special Education (1984) has stated that from the time of the passage of P.L. 94-142 through 1984, all states reported an increase in their handicapped population. There is no argument that more children are being classified as handicapped and are receiving specialized services. Despite this increase, however, in their study, Algozzine and Korinek (1985) express concern that there still exists a large population of handicapped children who remain unidentified.

The largest increase of students identified as handicapped has been identified in the learning disabled category. While this group of children constitutes the largest of all handicapped populations, it has also been found to include students who may not meet the criteria for identification as learning disabled (Gottlieb, 1985; Ysseldyke, Algozzine, Shinn, & McGue, 1982). Inconsistent use of eligibility criteria by evaluation teams and the failure to use appropriate testing tools have been cited as causes for the misclassification of these students (Gerber, 1984; Ysseldyke, 1983). For instance, Algozzine and Ysseldyke (1982) reported that 51 percent of placement team decision makers classified normal students as eligible for special education

services; Shepard and Smith (1981) reported that 49 percent of the students categorized as perceptually impaired were misclassified. Chalfant (1984) identified several other causal factors for the excessive classification of children in the learning disabled category. Chalfant observed that normal children at risk in certain areas of learning disability may be erroneously labelled as learning disabled because of the failure of the regular classes to offer support either to the child or to the child's teacher. Chalfant also noted that the decision making process may be questionable and may account for some of the increase in this population. Parents may pressure team members to identify a child as "learning disabled" because the parents may perceive this label to be less stigmatizing than "mentally retarded" or "emotionally disturbed."

Because of the factors enumerated above, approximately 50 percent of New York City's 116,300 handicapped students have been classified as learning disabled (Mayor's Commission on Special Education, 1985). In an attempt to examine the appropriateness of this classification, Gottlieb (1985) reviewed the records of 133 handicapped children who were referred in either the second, third, or fourth grade and classified as learning disabled. Gottlieb applied New York State's definition of LD stringently: a learning disabled child is one who exhibits a discrepancy of 50 percent or more between obtained and expected achievement (Regulations of the Commissioner of Education, 1984). Gottlieb reported that only 16 percent of the children could be considered appropriately classified using this approach.

Gottlieb then reviewed the records again using a different technique. This time he wanted to determine whether these children could be classified as learning disabled because of a demonstrated weakness in one or more of the basic psychological processes. Gottlieb transformed each child's subtest scores from the WISC-R, expressed them in terms of a standard score, and compared them to students who were not found by the evaluation teams to be learning disabled. With this method he found that those classified as learning disabled did not differ significantly from the others.

Gottlieb (1985) concluded that "the vast majority of children who are classified as learning disabled have neither a 50 percent discrepancy between ability and achievement nor a high intratest scatter, two defining features of learning disabilities" (p. 34). He suggested that many of those who are classified as learning disabled in New York City may be low achievers or slow learners.

Concern for the number of children classified as learning disabled was raised in the Sixth Annual Report to Congress on the Implementation of Public Law 94-142: The Education for All Handicapped Children Act (U.S. Office of Special Education and Rehabilitation, 1984). The report noted that although this population had grown by 119 percent since 1976-1977, the rate appeared to be slowing because of increased efforts by states to ensure that children were not being erroneously classified. The report failed to mention the methods or corrective actions that

states were employing. Chalfant (1984) wrote that the area that is probably given the least attention by state and local educational agencies is the transitioning and exiting of handicapped children from special classes. Chalfant (1984) found that although state and local agencies may have established various levels of service for the handicapped, "criteria for placement in these levels of service, transitioning from one level another, or exiting from special education services are not always clear" (p. 19).

As mentioned previously, P.L. 94-142, was designed to protect children from misclassification and placement into environments far removed from their normal peers. Stringent due process procedures were to be developed by states to safeguard against wrongful actions by the local education agency (LEA). More often than not, however, parents have invoked due process proceedings for the purposes of having the LEA pay for the costs of the child's education at a private facility (Kammerlohr, Henderson, & Rock, 1983). Turnbull and Turnbull (1978) observed that although due process can be utilized to ensure that the, "educational system will do or become able to do what it is designed to do" (p. 6), Strickland (1982) states that parental participation and involvement in the educational planning process of their child tends to wane after the initial placement has been made. Thus, mandated reviews, that is, annual and triennial reviews, become increasingly important mechanisms in the process of continually maintaining the child in the least restrictive

environment. These types of mandated reviews are considered below.

Annual Review and Triennial Reevaluations

Federal and New York State regulations regarding the education of handicapped children have attempted to provide safeguards to ensure that children will be kept in the LRE continually. Both sets of regulations require that the handicapped pupil's IEP be reviewed at least annually and revised accordingly. Where it has been determined that new evaluations are in order, a concerned party, that is, the teacher, parent, physician, etc., may file a written request to initiate the reevaluation process. Under any circumstances, however, handicapped children must undergo a complete reevaluation of their needs by a multidisciplinary assessment team at least every three years. The intent of the annual review and triennial evaluation is to "determine the pupil's individual needs and continuing eligibility for special education" (Regulations of the Commissioner of Education, 1984, p. 15). The New York State Education Department (1985) stated,

> The assumption is that many children may not need special education for the duration of their education. The annual review provides a periodic opportunity to consider if a handicapped student is ready for a less restrictive environment. After three years of special education, time should be taken to thoroughly assess the effectiveness of the special education program which has been provided for the child and to determine whether he or she can move to a less restrictive environment. (p. 4)

The concept of maintaining a child in the LRE implies that the skills the mildly handicapped child are taught should be designed to enable him to sustain himself in regular classes (Jenkins, Deno, & Mirkin, 1979). A knowledge of the regular grades' curriculum demands and social/emotional stresses is required of teachers who wish to measure a handicapped child's readiness to be reintegrated. This is difficult to achieve in New York City where the Mayor's Commission on Special Education (1985) has found that a, "schism exists between special and regular education manifested in curriculum which are not coordinated, separate teacher training and little communication or coordinated efforts between regular and special education teachers" (p. x).

With the enactment of P.L. 94-142, Congress mandated that an Individualized Educational Program (IEP) be developed for each handicapped child which would specify goals and objectives related to the child's instructional and therapeutic needs. If used appropriately, the IEP can serve as a yardstick in measuring the extent to which the child has mastered the necessary skills to move on to a less restrictive setting (Jenkins, Deno, & Mirkin, 1979). Once it has been determined that the student has learned to apply the necessary skills to compete effectively with his non-handicapped peers, reintegration should be considered (Kauffman, McCullough, & Sabornie, 1984).

Consideration for reintegration, however, or for any movement within the continuum of services which may constitute a change of placement, requires review by an interdisciplinary

team. Although the term "educational placement" was not defined in P.L. 94-142, it has been construed to mean the provision of a particular form of educational instruction to a handicapped child from which any deviation would constitute a change (State Education Agency, Georgia [SEA, GA], 1983). For instance, changes in the number of hours per week that a child spends in regular grades rather than in special classes can be considered important for educational placement (Office of Civil Rights [OCR], 1979a) and therefore must be reviewed. Transferring a handicapped child from special classes to regular classes has also been interpreted to constitute a major change of educational programming for handicapped children which necessitates a multidisciplinary team review and IEP conference (Office of Civil Rights, [OCR], 1979b). Therefore, teachers, administrators, and parents cannot unilaterally change a child's educational programming. They must petition the LEA to review and authorize any changes to the child's IEP which would effect the child's placement.

The teacher's role in the evaluation or reevaluation process cannot be overstated. As Pugach (1985) pointed out, "the day-to-day referral practices of classroom teachers appear to govern, de facto, the operation of special education identification process" (p. 124). In a sense, the classroom teachers act as the gatekeepers, identifying those children who shall enter and those who shall be removed from special education. Teachers and other school personnel have been identified as the main sources of

referral of children for special education services (Tymitz, 1984). Gottlieb (1985) found that New York City school personnel referred 74 percent of the children who were evaluated for special education.

It has also been determined that once a referral has been made for initial placement, there is a great likelihood that the child will be found to be in need of some special education service (Christenson, Algozzine, & Ysseldyke, 1982; Shepard & Smith, 1981; Ysseldyke & Algozzine, 1982). The Mayor's Commission on Special Education (1985) reported that in the 1983 school year, 95 percent of the children initially referred for special education in New York City were found to possess a handicapping condition. The high incidence of placement after referral led Christenson, Algozzine, and Ysseldyke (1982) to characterize the process as "referral to placement." As Ysseldyke (1983) concluded, the most important decision that gets made in the referral to placement process is the decision by a teacher or parent to refer a child for psychoeducational evaluation.

Research has demonstrated that the information contained in the referral form may bias the evaluation and placement process (Herbert, Hemingway, & Hutchinson, 1985; Thurlow & Ysseldyke, 1982; Ysseldyke & Algozzine, 1982). In a review of 647 case records of children in special education programs in New York City, Gottlieb (1985) found that the information contained on the referral form, (i.e. the reason for referral and the child's reading level), was the most influential factor in determining

the handicapping condition of a child. By knowing whether a child was referred for academic reasons, behavioral reasons, or for a combination of both academic and behavioral reasons, Gottlieb was able to identify the classification to which the child had been assigned by the COH 38 percent of the time. This predictability improved to 51.1 percent when the reading and math level of the child were known. The IQ score only improved the accuracy of successful classification by 3 percent (to 54.5 percent). Gottlieb (1985) concluded that "the present data suggest that the bulk of the classification determination rests with the classroom teacher, not the COH" (p. 21).

Teachers are apparently aware that they hold this power (Christenson, Ysseldyke, & Algozzine, 1982) and that they can use it at their discretion to set policy and determine who shall go into, come out of, or remain in special education. As "street level bureaucrats" (Lipsky, 1980), teachers have the ability to modify the intent of federal, state and local policy as a way to cope with limited resources, ambiguous role expectations, and job related stress (Pugach, 1985). The charactertistics of the referring teacher will be reviewed more closely in the section that follows.

Characteristics of the Referring Teacher and Child

To date, little information exists concerning the characteristics of the teacher who requests that a child be evaluated. Riffle (1985) recently examined the referral

practices of teachers by reviewing actual case folders. She sought to find information concerning factors which influence the teacher to refer the child, including characteristics of the teacher and classroom environment. The results of her study revealed that the number of referrals a teacher made varied according to the age of the teacher, previous special education training of the teacher, and the number of mainstreamed students in the teacher's class. It was also suggested that teachers with an educational background that included some training in special education referred more children for evaluation. Riffle believed that this finding might be attributed to the teachers' familiarity with the needs of the handicapped, to criteria for admission into special classes, and to the awareness of the services available in special programs. Riffle (1985) concluded that regular class teachers may use the referral system as a method of controlling their class registers and reducing the amount of pressure and difficulty in providing instruction to the regular population.

Riffle (1985) also found the teacher's ethnic background (black or white) to be an important factor contributing to the variation in the number of referrals made; white teachers referred more children than black teachers. Only four percent of Riffle's sample population, however, were minority teachers. Thus, the findings from such a limited sample should only be taken as speculative, especially since they conflict with previous findings that held that the race of the teacher was not

a significant variable in referral (Lanier, 1975). Tobias, Cole, Zibrin, and Bodlakova (1982) also found that teachers did not generally refer more minority children for special education than children belonging to majority ethnic groups. A "subtle phenomenon," however, did become apparent in their study--the referred child frequently belonged to an ethnic group other than that of the referring teacher. Tobias et al. (1982) suggested that "teachers tend to be biased in favor of the ethnic group to which they belong, compared with other groups" (p. 75) or that they may just be aware of the behaviors and mores of their own ethnicity.

The literature on the characteristics of the children most often referred for special classes is more extensive than the literature on teacher characteristics. The Mayor's Commission on Special Education (1985) reported an over-representation of black children (in comparison to their incidence in the total school population) in programs designed to address behavioral disorders and behavioral and learning disorders.

Gottlieb (1985) reviewed the case records of 752 children in New York City who were initially referred to the COH during the period of November 1983 to November 1984. Most of the children (54 percent) were referred for suspected academic deficiencies, with 10 percent for behavioral reasons, and 35 percent for a combination of both conditions. Nearly twice as many boys as girls were referred for behavioral reasons with or without associated academic difficulties. Gottlieb also examined the reason for the referral and the ethnicity of the children. The

data indicated that white children were frequently referred only for academic problems, while black and Hispanic children were typically referred for a combination of academic and behavioral problems. In his analysis of the child's ethnic groups by source of referral, Gottlieb (1985) found that teachers were generally more inclined to refer black and Hispanic than white children, "Parents, on the other hand, refer 38% of the white children, and only 15% of the black children" (p. 8).

Other factors to which referral might be attributed are considered in the following section.

Factors That Could Interact with the Decision to Refer

In New York City, when it is determined that a modification of the child's program placement is necessary, a referral to the COH is required. Concerning the initial referral process, Christenson, Ysseldyke, and Algozzine (1982) have noted that the decision to refer a student for a psychoeducational evaluation is based on factors considered important to the individual making the request. Consequently, such consideration may include and interact with the teacher's estimate of the child's ability to succeed in the regular education program, the school's institutional constraints, and the external pressures affecting the school. Similarly, the variables which can affect the decision to refer a child for an initial evaluation will be present when teachers decide to request a reevaluation to determine whether a less restrictive placement is appropriate.

Christenson, Ysseldyke, and Algozzine (1982) found that teachers were greatly influenced by institutional or organizational factors and less by external pressures. In particular, teachers cited the district's rules and guidelines about the delivery of service and the absence of service as justification for electing not to refer a child. Other organizational factors which Christenson et al. (1982) reported as being influential for teachers deciding whether to refer included, "changing guidelines, inadequate in-service training on behaviors indicative of a need for referral, the kind of referral form used, and ceilings on the numbers of students who could receive specific kinds of service" (p. 342). Teachers also remarked on the "hassle" of completing the necessary forms and scheduling and participating in meetings which were often distressing to them because they felt inferior to the others on the decision making team.

Christenson et al. (1982) cited external pressures as being important in the decision making process. These were identified as pressures exerted by agency and advocacy groups, fear of litigation, confusion over state and federal guidelines, and the educational attitude of the community. Christenson et al. (1982) stated that the "respondents never mentioned parental pressure against delivery of service" (p. 343).

In their study of special education in New Zealand, Wilton, Glynn, Wotherspoon, and McGinley (1983) also revealed concerns which might affect teachers' decisions to refer children for

special classes. These researchers attributed teachers' decisions to economics, particularly in relation to fears that teachers have of loss of employment resulting from declining enrollments. According to Wilton et al., these fears might affect teachers' concern for a child. The availability of resources to the mainstream teacher to meet the unique needs of a special child was also perceived to be an important element in the decision process. As a corollary, it would appear that special class teachers might be more inclined than they presently are to recommend a child's return to regular classes if services were readily available in the mainstream and if they did not fear the loss of their jobs because of lowered registers.

The Mayor's Commission on Special Education (1985) found that referrals for special education in New York City were influenced by the desire of superintendents, principals, and teachers to improve a school's academic image. According to the Mayor's Commission on Special Education (1985),

> The percentage of children in a school whose reading scores are at or above grade level, a percentage that is often touted as a measure of quality, is affected by placing students in special education. Resource room students have modified testing conditions that help to increase scores, and therefore, help increase the school's academic profile. Moreover, the scores of the children in self-contained classrooms are not included in computing the school's academic profile. (p. 21)

The Mayor's Commission also found that an inverse relationship existed between the personnel and material resources available to the regular classes in a school and the number of referrals made for special education services. In particular, the commission cited several important factors in the rate of referral for

special education placement. These included the large size of the regular class, the lack of remedial reading and math services, and the requirement that children be classified as handicapped in order to receive counselling or speech services.

Other researchers (Kazalunas, 1982; Rauth, 1981) have observed that teachers may be discouraged from recommending a child for decertification by previous mainstreaming efforts which indiscriminately abandoned large numbers of children into regular classrooms. Christenson et al. (1982) have suggested that situations which have not been rewarding to the person making the referral, or which have not proved beneficial to the child, may negatively affect the referral rate. Thus, unsuccessful mainstreaming programs or other efforts to integrate handicapped students without the necessary supports may serve to impede the initiation of referrals of students for less restrictive placements.

The section that follows focuses on the nature of the decision making process involved in decertification.

Decision Making Process

The intent of federal and state regulations concerning the education of the handicapped was to safeguard children from being put on a one-way street from evaluation to placement. Due process provisions, IEPs, annual reviews, and mandatory triennial evaluations were incorporated in the governing regulations for this purpose. The requirement of a multidisciplinary assessment

and conference prior to a child's placement into special education classes further underscores the intent of P.L. 94-142 to keep a child in the LRE and avoid needless labeling. Pfieffer and Naglieri (1983) have demonstrated that multidisciplinary team meetings provide a vehicle for more effective case analysis and clinical decision making. In comparing the recommendations for placement made by individual team members to those made by the team as a whole it was found that there was less variability between teams than between individuals. Pfieffer and Naglieri (1983) concluded that, "the group decision process greatly reduced the wide variability made by professionals acting independently . . . and appears to reduce erroneous placement decisions" (p. 589).

In practice, however, team decision making appears to be inexact, with the team decision making process currently employed in public school settings, being at best, inconsistent. Ysseldyke (1983) reported that the results of his studies over the last five years have led him to conclude that considerable misclassification occurs. In his opinion, the decisions reached by multidisciplinary teams are based upon other than objective data and serve to confirm the problems identified by the child's teacher.

Ysseldyke, Algozzine, Richey, and Graden (1982) have suggested that the decision to classify a child is based upon factors other than the information secured by psychometric evaluations. Little relationship has been found between the psychometric data and the decision made by the team (Ysseldyke,

Algozzine, Richey, & Graden, 1982). Moreover, Hutchinson and Hemingway (1984) observed that the decision to label children as handicapped might occur despite results of achievement tests and intellectual assessments suggesting otherwise. Algozzine and Ysseldyke (1981) asked 224 professionals who previously had participated in team meetings to review the referral folder of a child. The participants were randomly assigned to one of 16 different referral conditions varying on the basis of sex, SES, physical attractiveness, and the nature of the child's difficulty. The results of the study strongly suggested that selected information in the referral statement received prior to objective test scores or rating scale scores, influenced the decision makers' prognosis concerning the child's success. The assessors tended to ignore the average performance scores of the child in favor of the stereotype created by the referral.

Gottlieb (1985) remarked that the bulk of the information used to classify children was derived from the classroom teacher and not from the results of the assessments administered. He suggested, however, that it cannot be implied that the information gathered by the diagnostic team is incorrect; it is only of subordinate importance to the referral. Gottlieb's findings seemed to confirm the studies of others. For instance, Herbert, Hemingway and Hutchinson (1985) studied the effects of student characteristics on the classification and placement decisions of preservice teachers. The results of their study demonstrated that placement decisions were significantly affected

by the type of referral (behavioral or academic) and the rationale for the request for evaluation.

McMahon (1986) studied the effect of a child's present school placement (special education or regular class) on the decisions of COH teams. He presented three case studies to members of COHs in New York. These three case studies portrayed children who were not classifiable as handicapped by any definition in New York State. By varying the information contained in the referral statement, McMahon determined that COH team members made significantly more incorrect eligibility decisions when students were in a special education setting than when they were placed in a regular class. When the cases were reviewed by the group, the number of incorrect placements was reduced. These findings support those of Pfieffer and Naglieri (1983) that the group decision making process was an effective method of reducing errors in child placement.

Ysseldyke, Algozzine, and Thurlow (1980) reported that team composition ranged from one to sixteen members with an average of eight. In New York State it is mandated that the IEP planning conference be attended by a school psychologist, a special education administrator, a parent of a handicapped child, the pupil's current teacher, the pupil's parent, and, where appropriate, the child. In addition to those mentioned, additional personnel may be asked to attend if they have additional knowledge about the child's learning problems. These may include a physician, speech therapist, occupational therapist, etc.

The participation of and role played by the various participants have been studied (Knoff, 1984; Yoshida, Fenton, Maxwell, & Kaufman, 1978), and it has been found that school psychologists and special educators are considered the most influential in team placement conferences (Gilliam, 1979; Gilliam & Coleman, 1981; Knoff, 1984). Further, in their study of factors that influence psychologists and teachers in the process of recommending special class placement, Mastuszek and Oakland (1979) found that psychologists and teachers often rely on similar evaluation criteria. The responses of both psychologists and teachers reflected the importance of children's IQ, class achievement, test achievement, and home-related anxiety in their decision concerning a child's need for special education. Because the groups assigned different weights to each of the variables, however, between-groups differences in placement recommendations were found.

Although Nevin, McCann, and Semmel (1983) reported that regular class teachers have a major implicit (if not explicit) responsibility for implementing IEPs, the teachers do not take an active role in the IEPs' development. Yoshida, Fenton, Maxwell, and Kaufman (1978) assessed the relationships among school staff role, participation, and satisfaction during Planning Team (PT) meetings which determine special education placements and programming. The theoretical basis of their study was predicated upon organizational psychology, which suggests that participation in a decision making process is positively related to

satisfaction with the process. Yoshida et al.'s (1978) study supported this relationship and noted that, "the regular education teachers, who are pivotal persons in implementing the PT decisions, are low in participation and are generally not satisfied with the PT process" (p. 243). Yoshida et al. also stressed that administrators should facilitate increased participation in PT conferences in order to achieve school personnel commitment to and acceptance of the decisions reached at such meetings. Christenson, Ysseldyke, and Algozzine (1982) also identified satisfaction of school personnel with the evaluation and placement process as a factor which can influence a teacher in the decision to refer a child. These researchers found that where teachers were more satisfied with the process they would not hesitate to make use of it.

Interaction at planning conferences is not necessarily limited to consideration of a particular child's placement. Such meetings provide an opportunity for the exchange of information concerning the relative merits of segregated and special education programs with respect to curriculum demands, available resources, and the extent to which environments can be modified to meet the needs of the child. This sharing of information is of particular importance to the self-contained special class educator, who may legitimately claim the need for more information concerning the regular class before recommending a student's placement there (Kauffman, McCullough, & Sabornie, 1984).

The literature suggests that multidisciplinary placement conferences are the best vehicle available for carrying out the mandate of educating handicapped students in the LRE (Pfieffer, 1982; Vautour, 1975/1976). There exists little information, however, on the effectiveness of the placement team when deciding on the appropriateness of a change in placement of a child already identified as handicapped. The Mayor's Commission on Special Education (1985) reported that during the 1984-1985 school year more than 40,000 triennial reviews had been conducted in New York City. The Commission also reported that an undisclosed number of reevaluations were conducted for reasons other than triennial evaluations. Yet only approximately 500 students were decertified from self-contained classes and returned to full time mainstream programs during the 1984-1985 school year.

In an effort to identify the factors which affect the rate of decertification from special education, the Office of Evaluation and Assessment (OEA) of the New York City Board of Education interviewed various school personnel and administrators in nine elementary school and three junior highs (Office of Evaluation and Assessment [OEA], 1985). According to OEA (1985), however, the investigation was inconclusive because it was impossible to find sufficient numbers of students who "could be identified as having experienced a change in their special education placement" (p. 24). The OEA (1985) interviewers noted that placement into self-contained classes was perceived as a "life sentence" with little hope for change by teachers,

administrators, and SBST members: "The SBSTs reported that they considered self-contained class placements tantamount to giving up hope of finding a place for students in which they could have any real chance of improving" (p. 27). Thus, the OEA interviewers concluded that when considering the appropriateness of a handicapped student's current placement, the decisions made by the placement team members may have been biased by the stereotypic expectations they held of children who have spent time in a self-contained special education class.

The label assigned to a child, however, does not appear to be an influential factor in making a program recommendation. Pfieffer (1980) investigated the bias of diagnostic labels on placement recommendations made by child study team members. Pfieffer (1980) concluded that "labels do not necessarily generate negative cognitive sets in the minds of professional diagnosticians that bias placement decisions" (p. 349).

It appears that most states have attempted to control the numbers of children who are identified as handicapped and to minimize erroneous placement. While concentrating on those entering the special education system, administrators have made little effort to ensure that exit criteria have been established and implemented throughout the school system. It can be observed in McMahon's (1986) study that placement teams do not consistently use the entry level criteria as a method for determining when a child is ready to exit. In other words, a child might be retained in special education even though he no

longer qualifies for such service. Stringent adherence to admission requirements may have made it more difficult for a child to be offered special services initially, but this policy does not seem to have facilitated the return to less restrictive settings or to the mainstream of children who may no longer be defined as handicapped.

It is essential that the door to special education swing both ways. In order to facilitate the movement of children to less restrictive environments, school administrators must limit biases which may affect placement teams' decisions. The literature reviewed above suggests that the regular classroom teacher's opinion of the child's performance exerts a strong influence on placement team members who decide the child's need for initial special class placement. No data have been collected, however, which examine the effect of classroom teachers' opinions on placement team members' judgment of the children's readiness for movement to a less restrictive environment.

Hypotheses

Based upon the review of relevant information, the following hypotheses have been generated.

1. The recommendation of a child's special education classroom teacher as stated in the referral will have a positive effect on the decision reached by individual members of the COH/SBST about eligibility and type of placement for the child under consideration.

2. The referral statement will not have a differential impact on the decisions made by social workers, psychologists, and educational evaluators.
3. The group process will effectuate more accurate placement decisions than those made by the individual members of the respective groups.

Chapter III

METHODOLOGY

This study investigated the bias that the teacher's referral statement can have on placement decisions made by members of the Committees On the Handicapped (COHs) and School Based Support Teams (SBSTs). In addition, the functioning of the various COHs/SBSTs as a whole was explored to determine whether team decision making resulted in placement recommendations that were more accurate than those made by the individual committee members. Therefore, the project was conducted in two phases. The first phase asked for members of the COH/SBST to read two case studies and to indicate their placement recommendations. The second phase required that the participants function as a team, reread the case studies, and issue a placement recommendation for each child jointly.

Sample

The sample consisted of members of the COHs and SBSTs assigned to elementary, junior high, and high schools throughout New York City. Each of the SBST and COH groups consisted of a school pyschologist (n=108), a social worker (n=108) and an educational evaluator (n=108). The population was drawn from 20 of the 32 school districts in the city who had indicated a

willingness to participate in the study. Each district was asked to assemble ten teams for the study.

A total of 108 complete team responses (reflecting 324 individual team members) were received from 15 districts. Fifteen team responses from three additional districts were discarded because of their failure to comply with the requisite protocol. Two districts did not elect to participate.

Of the 324 participants 27.2 percent were male and 72.8 percent were female with their median age group being 36 to 40 years old. The participants who responded to the question concerning their ethnicity fell into the following categories: 3 percent Asian; 13.5 percent Hispanic, but not Black; 6.4 percent Black; and 77.1 percent White. As reported in Table 1, most of the individuals (63.7 percent) indicated that they had no teaching experience in the regular grades and a similar number (62.1 percent) reported a lack of teaching experience in special education. The modal level of education of the participants was reported to be a master's degree with 30 additional graduate credits.

The districts that participated in the study represent school age populations that varied in size, ethnicity, and socioeconomic level. The Division of Special Education found that these districts also varied in the percentage of children who had been identified as handicapped in comparison with the general student population; and in the rate of decertification of handicapped children (Management Analysis Unit, 1985b). The

Table 1

Teaching Experience of the Three Professional Groups

Years	Psychologist	Social Worker	Educational Evaluator
Regular Education			
None	71	82	52
1- 5	20	17	21
6-10	8	4	17
11-15	6	1	13
16-20	2	2	3
21-25	1	-	1
26-30	-	-	1
Total	108	106	108
Special Education			
None	90	97	13
1- 5	12	5	32
6-10	3	4	37
11-15	2	-	19
16-20	-	-	6
21-25	-	-	1
26-30	1	-	-
Total	108	106	108

Management Analysis Unit (1985a) reported that from July 1984 through June 1985, the percentage of children who were identified as handicapped varied from 64 to 94 percent. Similarly, it was reported that for the same time period, the percentage of handicapped children recommended by the various districts for decertification (because they no longer met the eligibility criteria for identification as handicapped), ranged from 2 to 14 (Management Analysis Unit, 1985b).

Materials

The members of the COH/SBST received a packet consisting of two case studies. The case studies were developed by McMahon (1986) and consisted of one-page psychoeducational profiles of low achieving students. The psychological information included scores from the Wechsler Intelligence Scale for Children - Revised (WISC-R) and scores from an adaptive behavior scale. Achievement scores in reading and math were listed with a short interpretation of the results. The material contained in each of the studies was extracted from the records of children who were evaluated by the Child Study Center, Teachers College, Columbia University.

McMahon (1986) presented several cases to a panel of ten experts in the area of learning disabilities to validate that the cases represented children who did not meet the classification criteria for the Learning Disabled category. The panel of experts included persons who held positions in teacher training programs in colleges and universities in New York State, persons

who headed special schools for learning disabled students, and persons who were employed in the Office for Children with Handicapping Conditions of the New York State Education Department. From the several cases presented to the panel, McMahon (1986) selected the three studies on which there was unanimous agreement that the child would not be eligible for special education services.

Further evidence of content validity was obtained after presenting the cases to 120 individuals who participated on multidisciplinary teams. The results of a Cochran Q statistic revealed that differences in decisions regarding placement could not be attributed to differences among the case summaries themselves.

For the present study only two of the three original case studies (R and M) which were used by McMahon (1986) were distributed to the team members. Although a three-way comparison of the cases showed no significant difference in the frequency of correct responses, case C showed the highest percentage of correct decisions. McMahon concluded that it was possible that because the content of case C was as not as complex as that of cases R and M, the subjects might have found it easier to render a correct decision. Intervening variables which might have confounded the results, such as the child's sex, ethnicity, and socioeconomic status, were controlled by omitting any reference to them. The students were referred to by single initials "R" and "M."

Each case summary was preceded by a "Referral Statement" that indicated the teacher's opinion of the appropriateness of a child's continued placement in a self-contained class for learning disabled children. Under Condition A, the referral statement indicated that the student should continue in a self-contained class for learning disabled children. Under Condition B, the case studies were preceded by the recommendation of the special education teacher to move the child to a less restrictive setting.

After reading each summary, respondents were asked to identify the program they would recommend from the continuum listed below:

1. Regular Classroom - no modification of instruction; the child is not identified as handicapped.

2. Transitional Support Service - regular classroom placement for the child with some short-term supportive assistance for the teacher; the student continues to be identified as handicapped.

3. Regular Classroom with Special Services - the child remains identified as handicapped and may require related services.

4. Resource Room Placement - regular class placement for the majority of the day with supportive instructional services in which the student can participate for as much as two hours daily.

5. Full-Time Special Class - the student will remain assigned to a self-contained class on a full time basis.

6. MRE - the student should be placed into a more restrictive program because his or her needs cannot be reasonably handled within the current special education setting.

This approach varied from the one used by McMahon (1986) but is similar to the one used in the Rucker Gable Educational Programming Scale Manual (Rucker & Gable, 1974). It permits comparison of responses of individuals to those of experts. The programs in the continuum listed above correspond to those that actually exist in New York City.

Procedure

Phase I of the study was designed to measure the effect the referral statement had on placement recommendations issued by individual members of the Committee On the Handicapped (COH) and the School Based Support Team (SBST). To accomplish this measurement, materials consisting of instructions and an informed consent form (Appendix A), a one-page demographic questionnaire (Appendix B), and two case studies--one from Condition A (Appendix C), and the other from Condition B (Appendix D)--were packaged by teams in a counterbalanced design to allow for an equal number of responses by each profession under each condition. Each of the different teams received one of four combinations of the case study materials (M_a and R_b; R_b and M_a; M_b and R_a; R_a and M_b), with the members of the same team receiving the same materials. Each respondent therefore received a packet consisting of a set of instructions, a demographic

questionnaire, and one of the combinations of the two case studies.

All participants were informed that their participation was totally voluntary and that their responses would be kept anonymous. Further, they were assured that their responses would not be used as an evaluative measure of their performance in their respective professions. The individuals were also informed of the nature of the study and that the results and conclusions would be made available to them at their request.

Team members were first asked to record personal demographic data on the appropriate questionnaire and then to read each of the one-page case studies. After they had read each of the case studies, the team members were instructed to indicate what they believed to be the appropriate placement recommendation for the student by selecting one of the six program options listed on the bottom of the page.

The second part of the study, Phase II, was designed to measure the effectiveness of group decision making relative to a child's school placement. Both of the cases from Phase I of the study were readministered. A separate instruction sheet (Appendix E) asked the committee members to read the case studies carefully and to discuss them with each other prior to arriving at a program recommendation. When the group had decided on a placement recommendation, their decision was to be indicated on the bottom of the case study by checking one of the six program options listed.

Analysis of Data

The data gathered were analyzed by non-parametric statistics. To determine whether the referral statements affected the decisions of the COH/SBST members, a Wilcoxon Test for Matched Pairs was employed. Similarly, to determine if the referral statement had a differential effect on the three groups of professionals (social workers, psychologists, and educational evaluators), the Kruskal-Wallis Test was utilized. This test evaluated differences across the three groups under each of the conditions and allowed for a comparison of individual and group responses. Thus, the Kruskal-Wallis statistic was used to determine the effectiveness of group decision making.

Chapter IV

RESULTS

This section analyzes the results in relation to the hypotheses previously stated. Of primary concern to this research was the impact of the teacher's referral statement on the recommendations for placement issued by child study team members, both individually and as a group. Each child study team member interacted with two separate cases (R and M) and two conditions (A and B). For the purposes of reference, the particular case and condition a person responded to were noted by the case letter followed by the condition in the subscript. The four combinations were R_a, R_b, M_a, and M_b. The frequency of presentation of each of the four combinations has been listed in Table 2.

The Effect of the Special Education Teacher's Referral Statement on the Individual Members

It was hypothesized that the special education teacher's referral statement would bias the placement decisions of the individual members of the child study teams. That is, child study teams would be more likely to recommend less restrictive environments for children whose teacher's referral statement supported this change than they would be for children whose teacher's referral statement did not. To evaluate this hypothesis, a null hypothesis was developed: No differences would

Table 2

The Frequency of Administration of Case by Condition

	Case	
Condition	R	M
A	162	159
B	159	162

be seen between placements recommended for those children where the teacher suggested a change to a less restrictive placement (Condition B) and for those where such a suggestion was absent (Condition A). Table 3 displays the frequency and percentage of responses for each of the possible placement alternatives made by the individual team members.

It should be noted that a panel of experts previously reviewed the two cases (R and M) and unanimously determined that neither child met New York State's criteria for identification as handicapped. Table 3 reports that nearly two thirds of the members of the COHs and SBSTs who responded identified both children as being handicapped. However, nearly twice as many individuals identified the child as non-handicapped when the teacher recommended placement into a LRE than when the teacher recommended that the child should remain. On the other hand, the child study team members recommended that approximately four times as many children should remain in their present self-contained class when the teacher reported that the child was not ready for placement into an LRE than in the reverse situation.

To determine whether program recommendations rendered under Condition A differed significantly from those under Condition B, a Wilcoxon Matched Pairs Signed-Ranks Test was performed. This test requires that the scores an individual gave under Condition A and Condition B be subtracted from each other. The absolute values of the differences are then placed in increasing order and assigned a rank; the rank of 1 is given to the smallest

Table 3

Frequency of Placement Recommendations Made by Individual Placement Team Members by Condition

Placement Recommendation	Condition			
	A		B	
	n	%	n	%
Not Handicapped	36	11.1	67	20.7
Transitional Support	35	10.8	43	13.3
Regular Class and Special Services	15	4.6	23	7.1
Resource Room	194	59.9	179	55.2
Self-Contained Classroom	44	13.6	12	3.7
More Restrictive Environment	-	-	-	-
Total	324	100.0	324	100.0

difference. The algebraic symbol (+ or -) designating the difference is then assigned to the respective rank. The total of all positive values is compared to that of all negative values; it is presumed that if a difference exists between Condition A and Condition B, then either the positive or negative sum of ranks, expressed as mean ranks, will differ from each other.

The results, as reported in Table 4, revealed that under Condition B individuals gave lower scores (reflecting placements into less restrictive settings) than under Condition A. Therefore, the null hypothesis can be rejected and the hypothesized alternate can be accepted. Thus, the child's special education classroom teacher's recommendation had a positive effect on the decisions reached by individual members of placement teams about eligibility and type of placement for the child under consideration.

The Effect of the Referral Statement Across the Three Groups

Although the referral statement was found to have a direct effect on the recommendations of individual members of placement teams, it was questioned whether their responses would vary as a function of their professional group affiliation, i.e., psychologists, social workers, and educational evaluators. This question was presented as a null hypothesis: The referral statement would not have a differential impact on the placement decisions recommended by psychologists, social workers, and educational evaluators. The data was analyzed with the Kruskal-

Table 4

Effect of Condition on Placement Recommendation
(N=324)

Sum of Ranks	$\bar{X}$ Rank	Cases	Sign Rank†
13,885.56	100.62	138	- Ranks (B<A)
6,415.29	101.83	63	+ Ranks (B>A)
	-	123	Ties (B=A)

$Z = -4.52$, $p<.001$

†The sign rank was obtained by subtracting the response for Condition A from the response for Condition B, for each person.

Wallis statistic to determine the significance of the differences of the scores assigned by psychologists, social workers, and educational evaluators on Condition A, Condition B, and the difference of A and B. The use of the difference score (A-B) provides insight into the extent to which individuals within a particular professional group changed their response across the two conditions. The Kruskal-Wallis Test requires that the scores of the comparison groups be pooled and ranked; the lowest value receives the rank of 1. The ranks are then totaled for each group and compared to the general population. When the difference in the average ranks for the comparison groups becomes great and cannot be attributed to chance, the null hypothesis can be rejected. This test is the non-parametric equivalent to the ANOVA. The results of the Kruskal-Wallis Test have been outlined in Table 5.

As it can be seen from Table 5 the differences between the mean ranks across the groups were not found to be significant at the .05 level and, therefore, the null hypothesis cannot be rejected. The placement recommendations offered by the psychologists, social workers, educational evaluators, and the team, when pooled together, did not differ from each other across the two experimental conditions.

In order to further examine the possibility that the team members' professional status influenced their choice of student placement, frequency distributions by professional group for each of the conditions were developed for comparison purposes. Table 6 reflects that for Condition A the only notable between-

Table 5

The Effect of the Referral Statement on Placement Recommendation as a Function of Professional Group Affiliation
(N=432)

Group (n=108)	$\bar{X}$ Rank		
	Condition A	Condition B	Difference of A and B†
Psychologists	217.35	221.09	212.50
Social Workers	219.49	215.34	220.43
Educational Evaluators	219.88	208.23	223.99
Team	209.28	221.34	209.08
Chi-Square	.67	.98	1.07

Note: Chi-square values have been corrected for ties (Siegel, 1956).

†The difference score was obtained by subtracting the response for Condition B (where the teacher recommended a change of placement) from the response for Condition A (where the teacher did not recommend a change of placement), for each person.

$p > .05$, NS

$df = 3$

Table 6

Frequency of Placement Recommendations by Professional Group for Condition A (n=108)

Recommendation	Psychologist		Social Worker		Educational Evaluator	
	n	%	n	%	n	%
Not Handicapped	8	7.4	15	13.9	13	12.0
Transitional Support Services	17	15.7	7	6.5	11	10.2
Regular Class Placement with Special Services	4	3.7	6	5.5	5	4.6
Resource Room Placement	66	61.2	65	60.2	63	58.4
Self Contained Class (Remain)	13	12.0	15	13.9	16	14.8
More Restrictive Environment	-	-	-	-	-	-
Total	108	100.0	108	100.0	108	100.0

groups difference was the number of children recommended for decertification. Table 7 plots the frequency of responses for each group on Condition B and, again, demonstrates that the groups were fairly similar in their recommendations. When compared, the two tables clearly show the relationship between the teacher's opinion as stated in the referral statement and placement recommendations: across all three professional groups, where the teacher supported a change of placement, there was an increase in the number of children recommended to be removed from the self contained class and to be identified as not being handicapped. It is important to note that both tables also reveal that the social workers consistently recommended the most children for decertification across both conditions and the psychologists recommended the least.

Pairwise comparisons between the groups (psychologist x social worker; psychologist x educational evaluator; social worker x educational evaluator) were also conducted to further identify possible discrepancies under each of the conditions. The results obtained for each of the comparisons using the Kruskal-Wallis statistic, Table 8, failed to meet the critical value of chi-square with $df=1$ at the .05 level. Differences between the scores assigned by individuals under Condition A and B cannot be attributed to a person's group affiliation.

Difference scores (A-B) were also compared relative to group affiliation to determine if the change in referral statement had

Table 7

Frequency of Placement Recommendations by Professional Group for Condition B (n=108)

Recommendation	Psychologist n	Psychologist %	Social Worker n	Social Worker %	Educational Evaluator n	Educational Evaluator %
Not Handicapped	18	16.7	27	25.0	22	20.4
Transitional Support Services	15	13.9	11	10.2	17	15.7
Regular Class Placement with Special Services	10	9.2	4	3.7	9	8.3
Resource Room Placement	61	56.5	61	56.5	57	52.8
Self Contained Class (Remain)	4	3.7	5	4.6	3	2.8
More Restrictive Environment	-	-	-	-	-	-
Total	108	100.0	108	100.0	108	100.0

Table 8

Pair-wise Comparison of Mean Rank Scores of Each Professional Group By Condition (n=216)

Group	$\bar{X}$ Rank		
	Condition A	Condition B	Difference of A and B†
Pair 1			
Psychologist	107.96	109.82	106.58
Social Worker	109.04	107.18	110.42
Chi-Square	0.02	0.12	0.22
Pair 2			
Psychologist	107.88	111.75	105.54
Ed. Evaluator	109.12	105.25	111.46
Chi-Square	0.03	0.71	0.52
Pair 3			
Social Worker	108.38	110.11	107.71
Ed. Evaluator	108.63	106.89	109.29
Chi-Square	0.00	0.17	0.04

Note. The chi-square values reported were corrected for ties (Siegel, 1956).

†The difference score was obtained by subtracting the response for Condition B from the response for Condition A, for each person. The scores were re-ranked.

a greater impact on one group than another. The results, as they appear in Table 8, signify that the there were no differences at the .05 level of significance between any two groups. Therefore, the null hypothesis, that the referral effected all groups equally, cannot be rejected.

Team Decision Making

It was hypothesized that team decision making would facilitate placement recommendations that were more accurate than those made by individuals. That is, the recommendations of the team would be more likely than those made by individual team members, to match the opinion of the experts who reviewed these cases. As a preliminary test to compare the responses of the individual team members with the responses of the team as a whole, the Kruskal-Wallis Signed-Rank Test was used. The results of this test listed in Table 5 indicate that the relationship between the responses of the teams and those of the individual members are not significantly different at the .05 level. Hence, the placement recommendations of individuals, as a group, are not different than those of the teams.

To further explore possible differences between individual and team responses, the placements recommended by individuals of the same professional affiliation were also compared to the response of the team on which they served. Using the Kruskal-Wallis statistic, pairwise comparisons (psychologist x team, social worker x team, educational evaluator x team) were conducted to investigate possible relationships. A null

hypothesis was developed to indicate that the recommended placement offered by particular clinical groups would not significantly differ from that of the team of which these different individual professionals were members.

As can be seen from Table 9, the chi-square values obtained with df=1 failed to exceed the critical value at .05 and, therefore, the null hypothesis cannot be rejected. There were no significant differences between the placement recommendations made by the different professional groups and those made by the team.

The frequency of team responses for each condition has been listed in Table 10. It is of some interest to note the changes of frequency of placement recommendations made by individuals in comparison to those made by the teams. When Table 3 is compared to Table 10, it can be seen that the teams identified a lower percentage of children as nonhandicapped under both conditions than did the individual clinicians. On the other hand, the teams moved a larger percentage of children out of the self-contained class than did the individual members under both conditions.

Rival Hypotheses

Order Effect

Before the results of the analyses stated in this section could be accepted, two additional hypotheses needed to be explored. As described previously, each person was required to respond to two cases, case R and case M, and to experience both

Table 9

Mean Rank Values Reflecting the Recommendations of Individuals, Grouped by Profession, in Comparison to the Team Response
(n=216)

Group	$\bar{X}$ Rank		
	Condition A	Condition B	Difference of A and B†
Pair 1			
Psychologist	110.50	108.51	109.38
Team	106.50	108.49	107.62
Chi-Square	0.30	0.00	0.00
Pair 2			
Social Worker	111.07	107.06	111.30
Team	105.93	109.94	105.70
Chi-Square	0.50	0.15	0.47
Pair 3			
Ed. Evaluator	111.14	105.09	112.34
Team	105.86	111.91	104.76
Chi-Square	0.52	0.80	0.85

Note. The chi-square values reported were corrected for ties (Siegel, 1956).

†The difference score was obtained by subtracting the response for Condition B from the response for Condition A, for each person. The scores were re-ranked.

Table 10

Frequency of Placement Recommendations Under Each Condition by Team

Placement Recommendation	Condition			
	A		B	
	n	%	n	%
Not Handicapped	10	9.2	13	12.0
Transitional Support	14	13.0	22	20.4
Regular Class and Special Services	4	3.7	6	5.6
Resource Room	73	67.6	67	62.0
Self-Contained Classroom	7	6.5	0	0.0
More Restrictive Environment	-	-	-	-
Total	108	100.0	108	100.0

conditions. In the counterbalanced design used, the order of the case and condition varied. Therefore, it was considered essential to determine whether the order of presentation affected the scores given by the respondent.

The null hypothesis to be tested was that there would be no significant difference in scores on the same case and condition when presented in different positions. The results of the analyses have been presented in Table 11. None of the *t* values were significant at the .05 level and therefore the null hypothesis cannot be rejected. The difference in placement recommendations cannot be attributed to the sequence in which the cases were presented.

Case Effect

The second rival hypothesis that needed to be addressed revolved around the comparability of the two cases. That is, did individuals respond differently on the two cases because of the nature of the descriptive material in each of the cases. If there were no differences, the scores individuals provided for case R_a should not differed significantly from the scores issued on case M_a. The same should hold true for cases R_b and M_b. The null hypothesis, that the two cases do not significantly differ from each other, was then tested using a *t*-test for each of the conditions.

In both comparisons, as indicated in Table 12, the *t* values were found to be significant at the .05 level. It appears that the responses offered by individuals were affected by the case

Table 11

Comparison of Scores of the Same Case and Condition But Different Order of Presentation

Variable	n	$\bar{X}$	SD	df	t
R_{a1}	87	3.20	1.26	160	-0.53
R_{a2}	75	3.29	1.08		
M_{b1}	75	3.21	1.26	160	0.38
M_{b2}	87	3.29	1.23		
M_{a1}	75	3.75	1.09	157	1.24
M_{a2}	84	3.96	1.12		
R_{b1}	84	3.01	1.28	157	0.89
R_{b2}	75	2.83	1.35		

Note: R_{a1}=case R under condition A appeared first
R^{a1}=case R under condition A appeared second
M^{a2}=case M under condition B appeared first
M^{a1}_{a2}=case M under condition B appeared second

Table 12

Comparability of Cases

Variable	n	$\bar{X}$	SD	df	t
Pair 1					
R_{a1+2}	162	3.20	1.17	319	-4.87*
M_{a1+2}	159	3.86	1.11		
Pair 2					
R_{b1+2}	159	2.92	1.31	319	2.31*
M_{b1+2}	162	3.25	1.24		

*$p<.05$

Note: R_{a1+2}=the sum of scores on case R under condition A presented in first and second positions.

R_{b1+2}=the sum of scores on case R under condition B presented in first and second positions.

M_{a1+2}=the sum of scores on case M under condition A presented in first and second positions.

M_{b1+2}=the sum of scores on case M under condition B presented in first and second positions.

material itself. Case R had lower mean scores under each of the conditions than case M. This suggests that in comparison to case R the material contained in cases M was judged to be less supportive of a placement into a LRE regardless of the teacher's comments. This can be seen in Table 13 which delineates the frequency of placement recommendations for each case under each of the conditions.

Although the individuals responded differently to the cases under the same condition, Table 13 does indicate that the opinion of each individual concerning the appropriate placement of child R and child M varied in the hypothesized direction consistently, i.e., as a function of the condition. Thus, the teacher's referral statement had a positive effect on both cases. Since each case was presented almost an equal number of times and the direction of the responses across the conditions were similar, it is not believed that the differences found between the cases offer a significant threat to the validity of the findings reported.

District by District Comparison

The literature on team functioning in New York City reviewed in Chapter II suggested that differences in recommendations may vary as a function of school district. To test the extent to which the teams' recommendations for placement varied as a function of district, a Multiple Range Test was conducted for each condition (A and B). Table 14 reflects the intersections where significant differences were found at the .01 level for

Table 13

Frequency and Percentage of Placement Recommendations by Case Under Each Condition

Recommendation	R_a n	R_a %	M_a n	M_a %	R_b n	R_b %	M_b n	M_b %
Not Handicapped	24	14.81	11	6.92	41	25.79	24	14.81
Transitional Support Services	22	13.58	13	8.18	18	11.32	25	15.43
Regular Class Placement with Special Services	9	5.55	5	3.15	13	8.18	10	6.18
Resource Room Placement	105	64.82	88	55.34	86	54.08	92	56.79
Self Contained Class (Remain)	2	1.24	42	26.41	1	0.63	11	6.79
Total	162	100.00	159	100.00	159	100.00	162	100.00

Note: R_a=case R under condition A
M^a=case M under condition A
R^a=case R under condition B
M_b^b=case M under condition B

Table 14

Comparison of Team Recommendation
By District On Condition A

		District														
Dist.	$\bar{X}$	10	31	12	11	30	21	2	7	15	5	4	3	9	1	26
10	2.97															
31	3.06															
12	3.13															
11	3.33															
30	3.43															
21	3.58															
02	3.60															
07	3.63															
15	3.63															
05	3.78															
04	3.80	*														
03	3.85	*														
09	4.00	*														
01	4.17	*		*												
26	4.44	*	*	*												

*$p < .01$

Condition A. Table 15 refers to significant intersections ($p<.01$) between districts on Condition B.

The results of the Multiple Range Test support variation in team recommendation by district. However, there was more consistency between districts when the teacher recommended a change of placement to an LRE than when the teacher did not recommend a change of placement. This adds credence to the premise that a teacher's recommendation for placement into a LRE can have a uniform positive impact on the team's decision.

Relationship of Demographics to Placement Recommendations

The literature reviewed in Chapter II also reported possible causal relationships between individuals' educational and professional experience and their opinions concerning a child's need for special education placement. An investigation was conducted of possible relationships between placement recommendations offered by study team members and the members' demographic background. The Kendall Correlation Coefficients in Table 16 revealed some statistically significant relationships despite the low Tau values. However, because the statistical significance of the correlations that were found could be attributed to the relatively large N, these correlations were not considered to be substantive.

Table 15

Comparison of Team Recommendation
By District On Condition B

		District														
Dist.	$\bar{X}$	10	31	12	11	30	21	2	7	15	5	4	3	9	1	26
10	2.63															
11	2.67															
31	2.72															
02	2.73															
12	2.73															
21	3.08															
03	3.22															
07	3.25															
04	3.27															
15	3.43															
05	3.44															
26	3.44															
09	3.50															
01	3.58															
30	3.62	*	*													

*p< .01

Table 16

The Relationship Between Various Independent Measures and Scores on Case Studies

Condition	Variable									
	Sex	Ethc.	Age	Yrs. Pos.	Reg. Ed.	Sp. Ed.	NY	Educ.	Degr.	Wk-Shop
A	.03	.08	-.02	-.06	-.08	.04	-.08	-.04	.05	.04
B	-.02	.07	-.09*	-.09*	.06	-.02	-.01	-.02	-.08	.11*
A-B	.05	-	.05	.01	-.08*	.04	-.04	-.03	-.09*	-.05

*p<.05

Note: Sex = the sex of the clinician
Ethc. = the ethnic status of the clinician (White/other)
Age = the age group of the team member
Yrs. Pos. = the number of years the individual has been employed in their current position
Reg. Ed. = number of years of service as teacher of regular grades
Sp. Ed. = number of years of service as a teacher of special education
NY = those individuals who only have experience in NY and those who have experience in NY as well as in other districts
Educ. = the level of education obtained by individuals
Degr. = individual has obtained a degree in the area of special education
Wkshop = attendance at a workshop in special education within the past two years

Chapter V

DISCUSSION

Providing free and appropriate educational services in the least restrictive environment (LRE) is an important goal for most local educational agencies (LEAs) and special educators. By focusing on possible biasing elements in the reevaluation process, this research study was designed to contribute to the maintenance of children in the LRE.

After a thorough review of the literature concerning the impact of teachers' referral statements on the multidisciplinary decision making team, the present study considered these findings in relation to the reevaluation process. In particular, this study was developed to determine whether a child's placement into a less restrictive setting is largely determined by the special education classroom teacher or by the results of scores on individualized achievement and psychological examinations. This chapter summarizes the results, presents implications and limitations, and concludes with suggestions for further research in this area. The summary of the present study's findings in relation to the three hypotheses developed is presented below.

Summary Of Results

Impact of Referral Statement on Placement Team Members

It was hypothesized that the referral statement would bias the decision making of the COH/SBST members in their deliberations concerning the appropriateness of the child's current self-contained class setting. Members of the COH and SBST (N=324) were asked to read two case summaries each describing a different child and then to select the most appropriate program placement for each child. Each child's case was prefaced with a different referral statement from that of the teacher; one suggested that the child should not be moved to a less restrictive placement and the other indicated that movement to an LRE was desired. Six program options which currently exist in the public schools in New York City were presented. The one-page psychoeducational profiles of the two children used in this study as the experimental conditions, previously had been reviewed by a panel of experts. The experts had concluded that neither child had met the New York State requirements for identification as handicapped.

The analysis of the data revealed that the referral statements had a direct and significant influence on the members of the COH and SBST. It was found that less restrictive placements were offered more often when the teacher suggested a change than when the teacher did not suggest a change.

The frequency of placement recommendations made by individual members effectively revealed shifts in the placements of the study's two children (cases R and M) across the two conditions. Noted most frequently were the changes at the extremes. In the case of the child for whom the teacher had recommended a change to an LRE, there occurred an impressive drop in the number of individual recommendations to maintain that child in a self-contained class. There was also a concurrent increase in the number of recommendations for regular class placement. Although the study's two children moved across the six placement options in the expected direction, most team members incorrectly identified the two children as being handicapped under both conditions.

The Effect of the Referral Statement by Professional Group

In determining the effect the referral statement had on the placement teams members (i.e., psychologists, social workers, and educational evaluators), consideration was given to the members' professional training. Two analyses were conducted in an attempt to identify possible professional group differences. All of the groups' recommendations were first compared as a whole and then subjected to pairwise comparisons. Both of these analyses failed to identify any significant differences among the three professional groups represented.

An analysis of the frequency of placement recommendations by professional affiliation allowed for a better understanding of the manner in which the three professional groups were affected

by the two conditions. The differences were most notable in the frequency of recommendations for decertification made by each of the three groups. The social workers consistently had the highest frequency of recommendations for decertification across both conditions. The psychologists, however, did the reverse, thus having the lowest frequency of recommendations for decertification.

An analysis of the frequency distributions also illustrates the differential effects of the study's two conditions. The number of recommendations for placement into the mainstream increased for all professional groups when the teacher's referral statement indicated support of a change to an LRE. The converse was true as well, with the number of recommendations for mainstream placement decreasing when the teacher did not indicate support.

Team versus Individual Response

The architects of P.L. 94-142 believed that a child's educational needs can best be understood when discussed by persons of different professional backgrounds. The multidisciplinary team meeting had been developed as the forum for this exchange. It had been presumed that placements offered as the outcome of these team meetings would be more appropriate and less restrictive than those offered by individual decision makers. This study explored the efficacy of team decision making and hypothesized that the team's decisions would be superior to those of the same individuals acting independently.

From the analyses it was concluded that the placement decisions resulting from team decision making were not more accurate than those made by the individual members. There were no significant statistical differences found between the recommendations of the teams and those of individual members.

It was thought that pooling the scores of the individual members and comparing them to the team's responses for each of the conditions might mask the information regarding possible differences. Therefore, pairwise comparisons were conducted to determine if the placements offered by psychologists, social workers or educational evaluators differed from those of the teams. Again, for each of the two conditions, no differences were found between the team and any of the three professional groups. It was only when frequency distributions were compared that the effect of team decision making became apparent.

Again, it is seen that the recommendations made both for remaining in the self-contained class and for returning to the mainstream class changed in the predicted direction--that is, as a function of the teacher's referral statement. The team meeting, however, operated to reduce the number of placements made by individuals both to full-time mainstream classrooms (with no special services) at one extreme and to full-time self-contained classrooms at the other extreme.

Pfieffer and Naglieri (1983) suggested that the effectiveness of team decision making can be assessed by determining the extent to which the team's recommendation is at

variance with that of the experts. The frequency distributions demonstrated that the percentage of children recommended for movement to less restrictive settings was larger for the teams as a whole than for the individual placement team members. Thus in comparison with individual placement team members' decision making, team decision making tended to reduce the variation from the experts' opinions. This reduction suggests that team decision making may have a tendency to reduce erroneous placements.

Implications

The ability to generalize from findings in most studies involving opinion surveys regarding student placements is limited by the artificial nature of the experimental design. In the present study, the respondents' awareness that they were participants in a research study may have tended to affect their responses and thus to bias the results. However, as reported in the statistics compiled by the New York City Board of Education (Management Analysis Unit, 1985b) on the actual decertification rate across the 32 school districts for the period from July 1984 to June 1985, the rate ranged from 2 to 14 percent. Thus, the results of this study revealed a decertification rate across conditions within the same range as that reported by New York City statistics. This suggests that if this study's findings were skewed by the artificiality of the testing situation, the respondents' placement decisions were not significantly affected.

The results of this study clearly demonstrate that the recommendations of special education teachers can affect the placement decisions of multidisciplinary teams. The findings reported here extend those of McMahon (1986) who also asked multidisciplinary team members to review case studies of children. McMahon found that individuals on placement teams were more inclined to maintain the child in a special education class than they were to place that child into a special education class from a regular class.

The present study's findings extend those of McMahon (1986) to suggest that the teacher's opinion can operate as an additional factor to interact with and compound the effect of the student's continued placement in special education. This study found that the special education teacher's opinion concerning the child's readiness to be decertified is a significant factor in the placement team's determination of the type and intensity of special education services that the child continues to require. In most instances the teams in this study identified the child as requiring continuance rather than discontinuance of special education services. Yet according to the panel of experts, these team decisions to retain the children in special education were erroneous. Therefore the team members' decision to place or not to place seems to be based upon something other than the actual clinical data which describe the child. Teams appear to be using more stringent discharge criteria than was suggested by the panel experts.

One factor to which this reluctance to discharge may be attributable is the perception held by many COH/SBST members of the lack of supportive services for the non-handicapped student. Some respondents noted in the questionnaire margin that they were recommending a particular special education service because the regular grades would not be able to provide any support for the child (e.g., remedial programs). McMahon (1986) described similar comments and stated that without the remedial programs available in some districts there might have been more erroneous decisions. As Algozzine and Ysseldyke (1981) comment, individuals who decide to classify a non-handicapped child and provide special education services, "may be reacting to the ills of regular education and adopting a preventive, `better safe than sorry' attitude" (p. 243).

Special education teachers must meet two conditions to permit the team to reliably accept the teachers' opinions for making placement decisions: 1) an awareness of the school's full range of services for non-handicapped children and 2) an awareness of the academic performance levels required of non-handicapped children. Unfortunately, New York City teachers typically do not have this knowledge base. The Mayor's Commission on Special Education (1985) has documented that there exists a schism between special education and regular education personnel at the individual school characterized by a lack of awareness of both the existence of remedial programs and non-handicapped students' functional levels. Therefore, special education teachers' opinions concerning a child's readiness or

lack of readiness for placement in mainstream settings must be viewed with caution.

To facilitate appropriate educational placements, the gap that exists between special and regular education programs must be narrowed. Mayer (1982) urges the development of a blueprint by which special education personnel, currently operating within a structure isolated from regular education, would become totally integrated within the educational system. Burrello and Sage (1979) recommend that principals, teachers and other educational service providers become aware of their mutual roles and work together toward the delivery of services to all children in the school. Although developing a blueprint and working together may appear to be a good starting point, the implementation of this planning requires careful consideration. Getzels, Lipham, and Campbell (1968) wrote that although a decision to implement a plan may be made, the decision may be empty if subordinates decide not to cooperate.

The effectiveness of the group decision making process was also questioned in this research study. This study offers only limited support of the literature's consistent identification of the superiority of group decision making. Although more children were moved out of the self-contained class through the group decision making process, the group recommended fewer children for decertification than did the individuals acting independently.

A comparison of the frequency distributions for the individuals and those for the teams suggests patterns in the

interactions of team participants. For instance, the frequency of social worker recommendations to place children back into the mainstream was altered the most by the teams' group decision making process. On the other hand, the frequency of psychologist recommendations to place children back into the mainstream was altered the least by the teams' group decision making process.

The influence of the psychologists' opinions in the team decision making process can be observed by examining the differences between the mean rank placement values. In looking at the mean rank placement values issued by the three professional groups and those of the teams (Table 9), it will be noted that in comparison with social workers and educational evaluators, psychologists differed the least. The implication is that of the three professional groups, the psychologists' opinions are the most influential during team meetings.

The findings of this study with regard to the group process suggest that team decision making is only as good as the person who is perceived within the group as being the "best-member" (Yetton & Bottger, 1982). In the New York City educational system, the organizational structure of the multidisciplinary placement does not define a leader. Consequently, the group is left on its own to establish its own hierarchy and to define its working parameters. Maier (1967) found that in similar leaderless groups a person may assume control by monopolizing all discussions, by demonstrating persuasiveness, or by being persistent. Although this person may become the leader, it should not be assumed that the person is the best problem solver

or decision maker. Nonetheless, it is common for the team to adopt such an individual's decision.

Researchers (Fenton, Yoshida, Maxwell, & Kaufman, 1979; Maier, 1967) suggest that improvement in group decision making can occur by improving the organization of the group structure and by better integrating the members within this structure. Training programs that would focus on establishing a leader who could moderate rather than simply control discussion would foster the development of more effective placement teams. Additional areas of training that might develop better decision makers would include work in group decision making techniques and the development of group goals (Fenton et al., 1979). Before implementing any training program that is directed at changing the behavior of group members, trainers must be aware of the environmental demands of the trainee. Institutional pressures and constraints may also interfere with effective team processes.

Limitations

Attempts to generalize from the findings of this research study to other situations must be made with the understanding of the following limitations:

1. The population was drawn from a sample of COH and SBST members in New York City.

2. The cases that were reviewed were found not to be of equal complexity. It appears that the subjects found the psycho-

educational information in case R more supportive of a less restrictive environment than the material in case M.

3. All combinations of case and condition presentations were not represented. This was done in order that all individuals would go through both conditions. Therefore, the findings regarding order effects and case effects must be taken with caution.

4. The cases consisted of one-page profiles of a child's current levels of performance. The lack of information which is normally accessible to placement team members, that is, previous test results and a current IEP, may have exacerbated the artificiality of the experimental situation. The results might have been different if the teams had had access to all of the material that is generally available to them.

5. One factor that may have jeopardized the internal validity of this study involves the changing role of the social worker. The Board of Education in New York City has recently adopted a plan which dramatically changed the responsibilities of the social workers on the SBSTs. Although the implementation actually occurred after the data were collected, speculation concerning the changes was pervasive throughout the system. Therefore, the functioning of the team may have changed as a result of the expected changes.

Suggestions for Further Research

This research study should be considered as an initial attempt to understand one aspect of the reevaluation process: the effect of the teacher's referral statement on the placement team. In order to maintain an educational system which can provide handicapped children with the assurance of being continually placed in the least restrictive setting, further research in the reevaluation process needs to be conducted. Listed below are some suggested areas.

1. The effectiveness of the multidisciplinary team is an area worthy of investigation. It would be interesting to document the extent to which the individual members actively participate on the team and the degree to which their opinions are accepted by the team.

2. The multidisciplinary teams used in this study consisted of a psychologist, a social worker, and an educational evaluator. The Board of Education in New York City is planning to adopt a model that would reduce the numerical composition of the placement team in certain situations to two: the psychologist and the educational evaluator. It would be interesting to repeat this study and compare the effectiveness of a three-person team to that of a two-person team placement process.

2. Other factors that may bias the reevaluation process, such as the child's ethnicity or reason for initial placement, should be explored.

3. There is a need to disclose the possible internal and external pressures which may constrain teams from moving a child to a less restrictive placement.

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APPENDIX A

Directions for the Completion of Case Studies: Phase I

Directions for the Completion of Case Studies

As a member of the Committee On the Handicapped you are often asked to make decisions regarding the continued need for special education services for children who have been identified as handicapped.

In the first phase of this study you are asked to read assessment information on two learning disabled students and to determine the need for them to continue in the MIS I program. Although the data on the students are far less than what is usually used for decision making, you must still come to a decision. You must also complete this phase of the study **without** discussing the case with the other members of the Committee.

Please follow the directions below:

1. Please read the Statement of Intent and sign the Consent. Place the form in the appropriate envelope and seal it. This will be collected later.

2. Fill out the demographic information asked for on the following page.

3. On the pages that follow the demographic questionnaire you will find assessment data on two students. Read each of the cases carefully and indicate, by placing a check next to, the program option listed on the bottom of the page which you believe would be appropriate for the child described. **DO NOT DISCUSS ANY OF THE CASES WITH THE OTHER MEMBERS OF THE COMMITTEE.**

4. When you have indicated your placement recommendation for each of the children, the packet will be collected. Please stay seated and await the instructions for the completion of phase II of this study.

For a clarification of the program alternatives you have to choose from, please refer to the definitions listed below:

DEFINITIONS OF PROGRAM OPTIONS

1. Regular Classroom -- no modification of instruction; the child is not identified as handicapped and is not eligible to receive special services.

2. Transitional Support Service -- regular classroom placement for the child with some short-term supportive assistance for the teacher; the student continues to be identified as handicapped.

3. Regular Classroom with special services-- the child remains identified as handicapped and requires related services.

4. Resource Room Placement -- regular class placement for the majority of the day with supportive instructional services in which the student can participate for as much as two hours daily.

5. Self-Contained Special Class -- the student will remain assigned to a self-contained class on a full time basis.

6. MRE -- the student should be placed into a more restrictive program because his or her needs cannot be reasonably handled within the current special education setting.

Statement of Intent for Research

This study has been designed to gain further insight into the decision making processes regarding the continued need for special education services for children who have been identified as handicapped. Using members of the Committee on the Handicapped as volunteers, the first phase of this study asks that volunteers read assessment information on two learning disabled students and then determine the need for them to continue in the Modified Instructional Services I program. In the second phase, volunteers will be asked to reconsider their recommendation decision in the context of the usual Committee on the Handicapped triad. Descriptive information for each team member as participants in this study will also be collected in the form of a questionnaire.

Your participation in this study is totally voluntary. The results of this study, in the form of pooled statistical analyses, will be made available to the Office of Educational Assessment, New York City Board of Education and to the Chairperson's of the various Committees On the Handicapped. No individual's responses will be identifiable from these results. Volunteers should be assured that their responses will be kept confidential and will not be used in any way as a measure of performance. Towards this end, volunteers should not write their

name on any pages of the questionnaire except on this Statement of Informed Consent. Should you wish information about the results of this study, then please check the appropriate box below and provide your mailing address.

Statement of Informed Consent

I understand that the purpose of this study is to provide further understanding of the decision making process by which members of the Committee on the Handicapped make placement and eligibility recommendations. I agree that my participation is voluntary, and I understand that the results of this study may be published and/or used by the Board of Education in pooled statistical form. A summary of the results will be made available to me by mail if I desire and have provided a mailing address below.

_____ _____

Signature Date

___ I wish to receive a summary of the results.

_____

(Print Name)

_____

(Street Address, PO, Apt #)

_____

(City, State, Zip)

APPENDIX B

Demographic Information

Region_____ Code_____
District_____ Date_____

INSTRUCTIONS: PLEASE COMPLETE THIS FORM TO THE BEST OF YOUR ABILITY. IT IS IMPORTANT THAT YOU ANSWER EVERY QUESTION.

1. I am currently employed as:
   ____School Psychologist ____School Social Worker
   ____Educational Evaluator ____Speech Therapist
   ____Other; identify _____.

2. My sex: ____male ____female

3. My ethnicity is:
   ____Asian ____Black, but not Hispanic
   ____Hispanic ____White
   ___Not stated

4. My age group is:
   ____20-25 ____26-30 ____31-35
   ____36-40 ____41-45 ____46-50
   ____51-55 ____56-60 ____61-65
   ____66-70 ____71-75 ____above 76

5. I have served in my current position for _____ year(s).

6. I have been previously employed as (check all that apply):
   ____Teacher of Early Childhood (grades Kgn.- 1)
   ____Teacher of Common Branches (grades 2-6)
   ____Teacher of Jr./Intermediate High School (any subj.)
   ____Teacher of High School (any subj.)
   ____Teacher of Special Education-Elementary School
   ____Teacher of Special Education-Jr./Inter. High School
   ____Teacher of Special Education-Special Day School
   ____Other type of Teacher of Special Education
   ____None of the above

7. Years of teaching experience (in public or private schools for which you were paid). Please check both columns if applicable.

Regular education	Special education
____ none	____ none
____ 1-5 years	____ 1-5 years
____ 6-10 years	____ 6-10 years
____ 11-15 years	____ 11-15 years
____ 16-20 years	____ 16-20 years
____ 21-25 years	____ 21-25 years
____ 26-30 years	____ 26-30 years
____ 31 or more	____ 31 or more

8. My professional experience in education has been:
   ____ Only in New York City
   ____ In other school districts as well as New York City

9. The highest level of education completed:
   ___ Bachelor's (BS or BA)
   ___ Bachelor's + 30 credits
   ___ Master's (M.A. or M.S.)
   ___ Master's + 30 credits
   ___ Doctorate

10. Have you been awarded any degree(s) (Bachelor's, Master's, or Doctorate) in special education?
    ____No ____Yes; if yes identify:_____

11. Within the past two years, have you attended a workshop or inservice course on special education?
    ____Yes ____No

APPENDIX C

Case Studies:
Condition A

Code No._____ _____

Case Study "C"

Name: C **Chronological Age**: 11 years old

REASON FOR REFERRAL: C has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that C still has not mastered all the academic skills necessary to be placed into a less restrictive program and recommends continued placement in the MIS I program.

Psychological: C was tested using the WISC-R and earned a Verbal I.Q. of 92, a Performance I.Q. of 100, and Full Scale I.Q. score of 95. These scores place C in the average range of intelligence. On the Behavior Rating Profile all of C's sub-scale scores fell within one standard deviation of the mean, thus indicating no significant problems in adaptive behavior.

Educational:

Spache Diagnostic Reading Scales	
Oral Reading Accuracy	5.5 G.E.
Silent Reading Comprehension	6.5 G.E.
Stanford Diagnostic Reading Test	
Auditory Vocabulary	6.0 G.E.
Comprehension Total	5.7 G.E.
Stanford Diagnostic Mathematics Test	
Number System/ Numeration	3.8 G.E.
Computations	5.2 G.E.
Applications	4.4 G.E.
Totals	4.4 G.E.

Overall, C's reading skills appear to be at least adequate. In arithmetic, C demonstrates some ability in computations but shows significant weaknesses in number skills and arithmetic application skills. Errors in numeration were noted on number properties (169 + 496 = 469 + 496/169); Fraction word problems; problems rounding to the nearest tenth. In application, errors were noted on items involving multi-step word problems and identifying number sentences; making change; telling future time; reading tables and graphs; and metric conversions.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE

Code No._____

CASE STUDY "R"

Name: R **Chronological Age**: 10 years old

REASON FOR REFERRAL: R has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that R still has not mastered all the academic skills necessary to be placed into a less restrictive program and recommends continued placement in the MIS I program.

Psychological: R was tested using the WISC-R. R received a Verbal I.Q. Score of 95 and a Performance score of 117. The Full scale I.Q. was 105. On the Behavior Rating Profile, R received scaled scores of 10 on the Home Scale, 10 on the School Scale, and 9 on the Peer Scale. All scores are well within one standard deviation of the mean for R's age group.

Educational: Houghton-Mifflin Reading Program: Pupil Placement Test

		Comprehension		
Grade	Oral Reading	Oral	Silent	Average
4	98%	100%	80%	90%
5	98%	90%	100%	95%

Brigance Diagnostic Inventory of Basic Skills
Word recognition Subtest 5.7 Grade Level
Peabody Individual Achievement Test (PIAT)
Mathematics 3.7 Grade Level
Informal Assessment of money, time, and fractions.

R's scores on all reading tests indicate that R is functioning on and above grade level. The results reveal that R is excellent at deriving meaning from reading. R has good comprehension of reading passages on a fourth and fifth grade level. R's math skills fall below grade expectancy. R understands the concepts of addition and subtraction, but failed to memorize basic facts. As R must rely on counting up on his fingers to solve addition problems, computation is very slow. R tends to skip problems in addition that require renaming. While slow, R was able to do most written addition and subtraction problems involving two and three digits. R understands the process of multiplying a two digit number by a one digit number but is lost when presented with a problem involving multiplication of a two digit number by another two digit number. In division, R is able to divide a multidigit dividend by a single digit divisor, But cannot work with multidigit divisors. R is limited in the ability to work with fractional numbers. R can read a clock without difficulty. R was unable to make change for small amounts under $.25, but understood and could correctly

apply a strategy for making change that was demonstrated by the examiner.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE

Code No._____

CASE STUDY "M"

Name: M **Chronological Age**: 9 years old

REASON FOR REFERRAL: M has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that M still has not mastered all the academic skills necessary to be placed into a less restrictive program and recommends continued placement in the MIS I program.

Psychological: On the WISC-R, M earned a Verbal I.Q. of 78, a Performance I.Q. of 86 and a Full Scale I.Q. of 81. This places M in the low-average range of intellectual functioning. On the Adaptive Behavior Scale all subtest scores were within one standard deviation of the average students norm group.

Educational:

Gates-MacGinitie Reading Test	
Vocabulary	2.6 Grade Equivalent
Comprehension	3.6 Grade Equivalent
Total Score	3.2 Grade Equivalent
Spellmaster Diagnostic Test 3	(grades 2-5)
Stanford Diagnostic Mathematics Test	
Computation	4.2 Grade Equivalent

The Gates-MacGinitie Reading Test was administered to assess M's silent reading skills. On the Vocabulary subtest M had much difficulty, earning a grade equivalent of 2.6 and placing in the 15th percentile. On the Comprehension subtest, M performed much better, although still below grade level. M earned a grade equivalent of 3.6 which translates to the 42nd percentile. This discrepancy between scores suggests that M has an easier time reading words and obtaining meaning when reading continuous text as opposed to words in isolation. The Spellmaster Diagnostic Test was administered to assess M's spelling of phonetically regular works. Each word was presented in isolation as well as in the context of a sentence. M demonstrated adequate spelling skills as 31 of 40 words were correctly spelled.

M's arithmetic skills were assessed through the Computation subtest of the SDMT, M demonstrated grade level proficiency by achieving a grade equivalent of 4.2 which converts to the 58th percentile. Despite this performance, there are gaps in skills. He is able to add up to three digits and three digits with renaming but he often uses his fingers for addition facts. The same is true for subtraction.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE

APPENDIX D

Case Studies:
Condition B

Code No._____ _____

Case Study "C"

Name: C **Chronological Age**: 11 years old

REASON FOR REFERRAL: C has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that C has mastered all the academic skills necessary to be placed into a less restrictive setting and recommends a change of program.

Psychological: C was tested using the WISC-R and earned a Verbal I.Q. of 92, a Performance I.Q. of 100, and Full Scale I.Q. Score of 95. These scores place C in the average range of intelligence. On the Behavior Rating Profile all of C's sub-scale scores fell within one standard deviation of the mean, thus indicating no significant problems in adaptive behavior.

Educational:

Spache Diagnostic Reading Scales	
Oral Reading Accuracy	5.5 G.E.
Silent Reading Comprehension	6.5 G.E.
Stanford Diagnostic Reading Test	
Auditory Vocabulary	6.0 G.E.
Comprehension Total	5.7 G.E.
Stanford Diagnostic Mathematics Test	
Number System/ Numeration	3.8 G.E.
Computations	5.2 G.E.
Applications	4.4 G.E.
Totals	4.4 G.E.

Overall, C's reading skills appear to be at least adequate. In arithmetic, C demonstrates some ability in computations but shows significant weaknesses in number skills and arithmetic application skills. Errors in numeration were noted on number properties (169 + 496 = 469 + 496/169); Fraction word problems; problems rounding to the nearest tenth. In application, errors were noted on items involving multi-step word problems and identifying number sentences; making change; telling future time; reading tables and graphs; and metric conversions.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self-contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE.

Code No._____

CASE STUDY "R"

Name: R **Chronological Age**: 10 years old

REASON FOR REFERRAL: R has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that R has mastered all the academic skills necessary to be placed into a less restrictive setting and recommends a change of program.

Psychological: R was tested using the WISC-R. R received a Verbal I.Q. of 95 and a Performance I.Q. of 117. The Full scale I.Q. was 105. On the Behavior Rating Profile, R received scaled scores of 10 on the Home Scale, 10 on the School Scale, and 9 on the Peer Scale. All scores are well within one standard deviation of the mean for R's age group.

Educational: Houghton-Mifflin Reading Program: Pupil Placement Test

		Comprehension		
Grade	Oral Reading	Oral	Silent	Average
4	98%	100%	80%	90%
5	98%	90%	100%	95%

Brigance Diagnostic Inventory of Basic Skills
Word recognition Subtest 5.7 Grade Level
Peabody Individual Achievement Test (PIAT)
Mathematics 3.7 Grade Level
Informal Assessment of money, time, and fractions.

R's scores on all reading tests indicate that R is functioning on and above grade level. The results reveal that R is excellent at deriving meaning from reading. R has good comprehension of reading passages on a fourth and fifth grade level. R's math skills fall below grade expectancy. R understands the concepts of addition and subtraction, but failed to memorize basic facts. As R must rely on counting up on his fingers to solve addition problems, computation is very slow. R tends to skip problems in addition that require renaming. While slow, R was able to do most written addition and subtraction problems involving two and three digits. R understands the process of multiplying a two digit number by a one digit number but is lost when presented with a problem involving multiplication of a two digit number by another two digit number. In division, R is able to divide a multidigit dividend by a single digit divisor, But cannot work with multidigit divisors. R is limited in the ability to work with fractional numbers. R can read a clock without difficulty. R was unable to make change for small amounts under $.25, but understood and could correctly apply a strategy for making change that was demonstrated by the examiner.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self-contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE

Code No._____

CASE STUDY "M"

Name: M **Chronological Age**: 9 years old

REASON FOR REFERRAL: M has been classified as Learning Disabled and placed in the MIS I program. The child was referred for a triennial evaluation. The teacher reports that M has mastered all the academic skills necessary to be placed into a less restrictive setting and recommends a change of program.

Psychological: On the WISC-R, M earned a Verbal I.Q. of 78, a Performance I.Q. of 86 and a Full Scale I.Q. of 81. This places M in the low-average range of intellectual functioning. On the Adaptive Behavior Scale all subtest scores were within one standard deviation of the average students norm group.

Educational:

Gates-MacGinitie Reading Test	
Vocabulary	2.6 Grade Equivalent
Comprehension	3.6 Grade Equivalent
Total Score	3.2 Grade Equivalent
Spellmaster Diagnostic Test	3 (grades 2-5)
Stanford Diagnostic Mathematics Test	
Computation	4.2 Grade Equivalent

The Gates-MacGinitie Reading Test was administered to assess M's silent reading skills. On the Vocabulary subtest M had much difficulty, earning a grade equivalent of 2.6 and placing in the 15th percentile. On the Comprehension subtest, M performed much better, although still below grade level. M earned a grade equivalent of 3.6 which translates to the 42nd percentile. This discrepancy between scores suggests that M has an easier time reading words and obtaining meaning when reading continuous text as opposed to words in isolation. The Spellmaster Diagnostic Test was administered to assess M's spelling of phonetically regular works. Each word was presented in isolation as well as in the context of a sentence. M demonstrated adequate spelling skills as 31 of 40 words were correctly spelled.

M's arithmetic skills were assessed through the Computation subtest of the SDMT, M demonstrated grade level proficiency by achieving a grade equivalent of 4.2 which converts to the 58th percentile. Despite this performance, there are gaps in skills. He is able to add up to three digits and three digits with renaming but he often uses his fingers for addition facts. The same is true for subtraction.

Please indicate your recommendation for placement by placing a check by one of the programs listed below:

1. ____ Regular class; Not eligible for special ed.; Not Handicapped.
2. ____ Transitional support services.
3. ____ Regular class with special services.
4. ____ Resource room.
5. ____ Self-contained special class.
6. ____ More restrictive environment.

A DEFINITION OF THESE OPTIONS CAN BE FOUND ON THE FIRST PAGE

APPENDIX E

Directions for Phase II

As you are aware, a child's placement must be made as a consequence of a COH review. In addition, the recommendations reached by the Committee must be reflective of the group's decision as opposed to an individual's.

Enclosed you will find the two cases you just reviewed individually. You are now requested to review the cases again and discuss each of them with the other members of your team.

After a full discussion of each case, indicate the Committee's recommendation on the bottom of the respective case by selecting one of the six placement alternatives (the definitions have been listed below for your convenience). Please do this for both of the cases. Only one member of the team is required to record the team's response.

Please inform the Chairperson when you are finished so that all the material may be collected.

Thank you again for your cooperation.

DEFINITIONS OF PROGRAM OPTIONS

1. Regular Classroom -- no modification of instruction; the child is not identified as handicapped and is not eligible to receive special services.

2. Transitional Support Service -- regular classroom placement for the child with some short-term supportive assistance for the teacher; the student continues to be identified as handicapped.

3. Regular Classroom with special services-- the child remains identified as handicapped and requires related services.

4. Resource Room Placement -- regular class placement for the majority of the day with supportive instructional services in which the student can participate for as much as two hours daily.

5. Self-Contained Special Class -- the student will remain assigned to a self-contained class on a full time basis.

6. MRE -- the student should be placed into a more restrictive program because his or her needs cannot be reasonably handled within the current special education setting.

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